



**ROCKFORD POLICE DEPARTMENT  
CITIZEN POLICE ACADEMY APPLICATION  
420 WEST STATE STREET  
ROCKFORD, ILLINOIS 61101  
(815) 987-5041  
[www.rockford.gov](http://www.rockford.gov)**

Applicant must be 18 years of age or older to attend the Academy  
(Applicants must live or work in the City of Rockford.)

Print in ink or type all answers. If more space is needed, use an additional sheet of paper.

Date: \_\_\_\_\_

Last Name: \_\_\_\_\_ First: \_\_\_\_\_

Full Middle Name: \_\_\_\_\_ Maiden: \_\_\_\_\_

DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

E-Mail Address (Home): \_\_\_\_\_ E-Mail Address (Work): \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Pager #: \_\_\_\_\_ Mobile #: \_\_\_\_\_

Occupation: \_\_\_\_\_ Explain your position: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Company Name/Your position:

\_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Bus. Phone #: \_\_\_\_\_

Fax #: \_\_\_\_\_ E-Mail: \_\_\_\_\_

In case of emergency please notify:

Name: \_\_\_\_\_ Home Phone #: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_

Address:

\_\_\_\_\_

Relationship:

\_\_\_\_\_

Please answer yes or no to the following question and provide explanations where needed.

1. Do you have a valid driver's license? Yes or No (Please circle)

Driver's License number: \_\_\_\_\_

2. Are you 18 years of age or older? Yes or No (Please circle)

3. Do you have any special needs that require accommodation in order for you to participate in?  
this program? Yes or No (Please circle)

Explain if you circle yes: \_\_\_\_\_

Are you allergic to anything? \_\_\_\_\_

Please explain: \_\_\_\_\_

\_\_\_\_\_

4. How did you hear about the academy?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. Do you know any police officers? \_\_\_\_\_

\_\_\_\_\_

6. Have you ever applied for the academy before? Yes or No (Please circle) if yes, please explain:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

7. Are you interested in law enforcement as a career? Yes or No (Please circle) If yes, please explain:

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8. Please state below why you are interested in attending the Citizen Police Academy?  
**NOTE: THIS IS A VERY IMPORTANT QUESTION TO ANSWER THOROUGHLY**

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9. Please list community involved activities, any associations, or organizations in which you participate:

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10. Have you ever been arrested for a crime other than traffic offenses? Yes or No. If yes, please explain with disposition and dates.

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11. List three character references that are not family members or employers:

Name \_\_\_\_\_ Home Number \_\_\_\_\_

Name \_\_\_\_\_ Home Number \_\_\_\_\_

Name \_\_\_\_\_ Home Number \_\_\_\_\_

I hereby certify that there are no willful falsifications, omissions, or misrepresentations in the foregoing statements and answers to questions. I understand that any omission or false statement on this application shall be sufficient cause for rejection for enrollment or dismissal from the Rockford Police Department Citizen Police Academy. I also grant permission for the Rockford Police Department to verify the above information contained on this application and check for prior criminal history.

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date

Rockford Police Department  
Attention: Sgt. Marc Welsh  
420 West state Street  
Rockford, Illinois 61101  
Phone: (815) 987-5041  
Fax: (815) 967-6811  
E-Mail: marc.welsh@rockfordil.gov